

THE AGING INDIVIDUAL: A STUDY OF
ENGAGEMENT AND MORALE

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We hereby recommend that the _____ prepared under
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CHAPTER I

INTRODUCTION

To be forever young is perhaps the most widespread dream of the American populus. Perpetual youth is imagined to be the key to happiness. Unfortunately, this dream is not reality and for the victim of a youth-oriented culture, old age comes with fears, frustrations, and fading fantasies. To be old is to be poor. To be old is to be sick. To be old is to be lonely. To be young is to hope that you will never be old.

The prevailing picture for the individual over age sixty-five is retirement, widowhood, loss of health and self-esteem. The younger, more vital world outside rushes on unaware of the retired community toward which it races.

Recently, "Sixty Minutes," a national news program, depicted the effect of a fixed income and inflation on the elderly in the United States. It filmed an old man in a grocery store purchasing dog food. The old man had no pet. The dog food was for himself. The story's message was lost on many younger people who saw only a useless old man, a crazy old man.

The separation of this advanced age group from society is a fact. With the loss of activity and specific roles to give the senior citizen a place in society, he finds that over time, little of his younger lifestyle remains. He is forced to "disengage" himself from the community. Since the elderly occupy such a negatively valued position in America, "forced disengagement" often becomes the rationale that justifies the way that older people are treated. Consequently, the following question is asked.

Statement of the Problem

Is there a correlation between engagement and morale of the aged individual?

Statement of the Purposes

1. To determine the level of morale, isolation, and activity in thirty-one engaged individuals
2. To determine the level of morale, isolation, and activity in twenty disengaged individuals
3. To compare the level of morale, isolation, and activity in the engaged and disengaged groups
4. To add to the nursing profession's knowledge of man's problems and his coping mechanisms in later years.

Background and Significance

The study of geriatrics is new to the field of nursing; the study of gerontology is new to the field of sociology. Over the last few decades, a greater proportion of the American population has fallen into the over-65 age group. Statistics indicate that this trend will continue (Appendix 1). Scientific intervention may increase this proportion even beyond current anticipation. Advances in cardiovascular control alone may lengthen the life span by five to ten years. Advances in biology suggest control of the rate of the aging process in such a way to add an additional twenty to twenty-five years. By 1990, it is predicted that there will be a young-old age group and an old-old age group, both with very special health and social needs (Neugarten 1974, p. 11).

Health professionals are presented with problems of increasing physical and psychological impairment in the aged population as deterioration of the human body occurs.

Despite the fact that wide individual differences exist in the rate and amount of deterioration, some physical impairment is inevitable. Visual, auditory, and other sensory defects become increasingly prevalent and incapacitating. Reaction time, strength, and endurance are all affected. Arthritis in its various forms affects many persons. The cardiac reserve is lowered. . . . These symptoms are . . . significant not only in themselves but also in the effect they have upon personality and behavior of the (aged) individual (Pikunas 1961, p. 375).

The aged comprise a large low income minority group for whom the Federal government has chosen to assume the cost of housing and health care. The state government has already assumed regulation of custodial care of the aged (i.e., nursing home facilities). With the mobility of the extended family, the community must now meet the needs of the 96 percent of the aged population who remain outside the institutionalized setting (Atchley 1972, p. 110).

Roles for the aged, sometimes more than any other group, are well defined. The senior citizen is expected to "act his age."

Superimposed upon the natural physiologic process of change which accompanies increasing years for an individual is his conditioned response to the social environment. Perhaps an individual is only as old as he feels, but how he feels is in large part a function of how the society about him expects him to feel and act. The social judgments concerning the nature of old age and older persons are constantly passed in such a manner as to define for the individual the society's expectations of his behavior (Breen 1960, p. 148).

Such "social judgments" may hinder one's adjustment to old age.

One of the greatest handicaps to good adjustment in old age is . . . not the individual's willingness or inability to adjust to changes which occur with aging but rather society's attitudes toward old age based on stereotypes of the aged. When the individual accepts these stereotypes, it stifles his motivation to adjust (Hurlock 1968, p. 882).

The study of the aging process has importance to the professional nurse. In 1946, the Constitution of the World Health Organization (p. 1268) defined health as a "state of complete physical, mental, and social well-being, and not merely the absence of disease and infirmity." When this definition is applied to the elderly age group, the need for improved health care can be seen. As the body ages, deterioration continues to include progressive loss of brain cells, decreased efficiency of the heart function, and decreased resistance to the disease process. Indeed, "over 40 percent of the elderly have more than one physical illness" (Brunner 1974, p. 866). Physical illness directly affects psychological well-being.

Laboratory psychologists have documented a multitude of psychological changes with advanced age. Vision, hearing, motor responses, and the efficiency of the central nervous system all decline in patterns similar to the decline of physiologic function. Emotional states such as loneliness, boredom, and patterns of habit and routine all take on a new importance for the older person and for those who deal with him The importance of these psychological changes is evident. They affect the behavior of elderly people perhaps more intensely than does the aging of their bodies (Manney 1975, p. 35).

Social well-being is dependent not only on the individual, but also on the environment in which he lives. Society has restricted those roles an older person may occupy and enforced its expectations upon him. For this group, social well-being is very restricted.

Knowledge of the factors related to the aging process enhances the nurse's ability to interact with older people in a meaningful way. It improves the quality of care given to this group and broadens the pattern of referrals on its behalf within the community. It aids the nurse in discharging her responsibility "to assist older people to find satisfying social relationships within their own life space so that later years may have more meaning and satisfaction" (Levine 1969, p. 30).

To know where the patient is, the professional nurse must also know where he has been. She must know where he is going. The nurse's background must include not only a knowledge of physiological, psychological, and sociocultural components of health maintenance, but also a knowledge of growth and development.

Eric Erickson has been one of the few developmental psychologists to explore ego development into later adult years. Erickson (1970, pp. 85-88), in his eight ages of man, has shown that the ego continues to face developmental tasks even into old age; the ego does not cease to grow at some predetermined chronological point. Through all of life, man continues to face crisis and choose his direction. At middle adulthood, the ego must develop a sense of generativity. The individual must realize that he, as a unique being, has something of value to leave for future generations. Old age is

the final stage of ego maturity. If the ego has continued to grow after middle adulthood, the individual must now maintain his ego integrity. He must accept the life cycle and his life as it has been. In this acceptance, man is able to face death.

It is in Erickson's eighth stage of development that the impact of role loss, retirement and ill health may severely isolate the elderly individual. A positive adjustment to these forces is necessary for maintenance of ego maturity in the individual. Resocialization may be necessary to remain an involved member of society.

It is now recognized that social isolation may present a major problem to many older people. However, it is not yet understood how such isolation affects one's general adjustment in later years. There is widespread belief that social interaction has a therapeutic effect on the individual, raising his level of morale and decreasing his physical and mental deterioration. Community activity programs for the aged subscribe to this belief and stress the benefits of social activities in maintaining independence and a positive outlook on life. Community health nurses also support this assumption and regularly refer ambulatory clients to community centers. Public tax support perpetuates the services such geriatric centers have to

offer the senior citizen. Therefore, the following is hypothesized.

Hypothesis

There is no significant statistical difference between the level of morale and the level of engagement in elderly individuals.

Definition of Terms

Engagement - A commitment on the part of the individual to a particular social role. Involvement of the individual with the world around him. A score of 3-5 on the Kutner Isolation Scale.

Disengagement - "A process by which the relations between a person and other members of society are severed, and those remaining are altered in quality" (Cumming and Henry 1961, p. 211). A score of 0-2 on the Kutner Isolation Scale.

Morale - "A continuum of responses to life and living problems that reflects the presence or absence of satisfaction, optimism, and expanding life perspectives" (Kutner et al. 1956, p. 48).

Elderly - A chronological age of sixty years or older.

Limitations

Intervening variables not controlled for are as follows:

Sex

Race

Income and social status

Former occupation and current employment

Sickness of immediate family members

Answers based on social desirability

Effects of interviewer on response

Marital status

Delimitations

Intervening variables controlled for are as follows:

Health - participants will be ambulatory and able to function independently

Assumptions

Participants will answer truthfully.

Summary

In an effort to add to the nursing profession's knowledge of man's problems and his coping mechanisms in his later years, a study of engagement and morale was completed. This study had as its first purpose, establishing the level of morale in engaged and disengaged individuals. Secondly, this study compared the engaged and disengaged groups regarding morale, isolation, and activity.

The separation of the elderly age group from American society is a fact. With the loss of activity and specific roles to give the senior citizen a place in society, he finds that over time, little of his former life style remains. He is forced to "disengage" himself from the community. Since the elderly occupy such a negatively valued position in America, "forced disengagement" often becomes the rationale that justifies the way older people are treated.

The hypothesis advanced in this study was: There is no significant statistical difference between the level of morale and the level of engagement in elderly individuals.

Chapter II reviews pertinent studies in the field of gerontology. Role and role change, socioeconomic status, and social relations and activities are examined as correlates of morale and level of engagement in the elderly.

Chapter III is a presentation of the collection and treatment of data in this study. A sample of fifty-one individuals was drawn from a large Southwestern community. Subjects were asked to respond verbally to a questionnaire which included the Kutner Scales of Activity, Isolation, and Morale.

In Chapter IV data obtained from this sample population are examined by means of the student t-test and the correlation coefficient. The effect of engagement on morale is accepted as significant at the 0.05 level. Conclusions drawn from this study and implications for further research are contained in Chapter V.

CHAPTER II

REVIEW OF LITERATURE

Following Erickson's lead, behavioral scientists have recently begun to explore man and his life cycle into old age. From this exploration, several theories have emerged. Among these, the activity theory, the continuum theory, and the disengagement theory have become most popular. The disengagement theory will be reviewed in depth since it is the most controversial of the three theories on aging.

The activity theory presumes that activity in old age is vital. Old age is a continuum of activity enjoyed during middle age. It stresses that losses to the individual from retirement, widowhood, and limitations of poor health should be replaced. This means that the older person must continually cultivate new interests and new friends.

The continuum theory also extends the patterns of middle age into old age; activity depends on the individual. Activities are continued, but replacements are not sought.

Developmental psychologists have found that personality types remain extremely stable over the life span, at least in terms of the way individuals adjust or fail to adjust to their social milieu. The face the older person presents to the world is very consistent. Within broad limits--barring serious illness or social upheaval--patterns of aging are predictable from knowledge of the individual in middle age (Manney 1975, p. 20).

Manney correlated social change with chronological change (Appendix 2).

The disengagement theory was set forth in 1961 by Cummings and Henry in their book, The Process of Disengagement. The authors believed that disengagement is based on the mortality of man. The individual must disengage himself from the external world as he grows older in order to concentrate on his inner being, and thus prepare for death.

The process of disengagement is gradual and selective, but man must withdraw to become free. The individual is said to be ready for disengagement when he becomes aware of a decreased life span ahead. His life space is perceived as shrinking, and his ego energy diminishes. By choice, man leaves activity to prepare for the final event of life's cycle. In turn, society welcomes such disengagement. Disengagement lessens the sense of loss when death does come to the individual. In addition, disengagement thus provides for societal equilibrium. Society must have men in key positions who are young enough to carry on its functions (Cummings and Henry 1961).

Cummings and Henry first studied the disengagement theory in individuals living in 8700 dwelling units in an urbanized area of Kansas City. Subjects were chosen randomly, and a sample of 1,236 white, middle-class people was obtained. Fifty-eight percent of the sample showed low interaction with the environment, but good morale. Cummings' and Henry's findings supported the hypothesis that disengagement is an inevitable force chosen by man and the community. The investigators concluded that disengagement is mutually satisfying to man and society; that it is universal in nature, self-perpetuating, and irreversible.

More recently, Levine has conducted a study in disengagement. In her study, Levine observed a mixed ethnic group (Negro/white) of low income individuals in upper west-side New York City. The researcher found that individuals from lower socio-economic levels had decreased their responsibilities to society. Eighty-four percent were disengaged. Levine concluded that disengagement is a normal, natural part of the aging process, resulting from less interest in interaction with others, and increased interest in unstructured solitary activities. At the same time, Levine found that "though there were community programs available in the immediate neighborhood, none of the elderly disengaged individuals investigated participated actively in them nor did they desire to do so" (Levine 1969, p. 30).

Tissue's study of the elderly related the potential for disengagement with specific personality dimensions. In 1968, Tissue studied ninety-one recipients of Old Age Assistance in Sacramento. He concluded that those individuals who were past oriented in their outlook on life were more likely to choose to disengage from society than were those who were future oriented. Those with the potential for disengagement were more able to maintain and support themselves without aid from others and had lower levels of anxiety and excitability (Tissue 1968, p. 575). Tissue replicated his study in 1971 with 256 persons on Old Age Assistance. He again concluded that the "data shows little relationship between actual magnitude of social contact and the subjective component of disengagement" (Tissue 1971, p. 78). Disengagement potential was not correlated with age or sex, but was found more often in the middle-class rather than in the working-class adult. In this study, Tissue validated his hypothesis that readiness to disengage is a personality dimension independent of activity (Tissue 1971, pp. 76-80).

Several investigators have disagreed with Tissue and his conclusions. These investigators linked role change with disengagement potential. Tallmer and Kutner sampled 80 males and 101 females residing in New York City in 1968. After sampling individuals with a wide range of physical

activity, it was found that a "disengagement effect" could be brought on by stress. Positive correlates of such a "disengagement effect" were ill health, widowhood, and retirement (Tallmer and Kutner 1969, pp. 70-75).

Lopata showed that widows are actually a minority group within society who withdraw because they are unable to maintain activity in a couple-oriented society (Lopata 1971, pp. 67-77).

Retirement and loss of the work role can be correlated with disengagement. This particular exit often brings decreased contact with peers, lower income, and a major change in the family. Simpson pointed out that if social involvements have not been built up before retirement, they are unlikely to be established in retirement (Simpson 1966, pp. 300-303). The potential for disengagement is greater if the adult has not attained skills in the work role which are transferable to leisure activities (Atchley 1971, pp. 13-17).

Thus, researchers have found that disengagement may be a function of socio-economic status, personality, or life style. Tallmar reminded us, however, that conflict surrounds this theory. Some studies have shown that disengagement is not irreversible, not always satisfying, not inevitable to old age and is susceptible to individual differences (Tallmer 1973, pp. 99-108).

Brown agreed with Tallmer's conclusion in his 1971 study in Montana. He found that disengagement as a life style did not seem to be either preferred or chosen by the elderly when their choices were between on social contact and nonsatisfying contacts. Many subjects showed a pattern of dropping one unsatisfying relationship only to pick up another. Since formal ties with society had decreased, personal ties were increasingly important (Brown 1974, pp. 258-362).

Is disengagement actually chosen by the individual? If so, is it desirable if demoralization of that individual envelopes his retirement years? Is disengagement a cross-cultural need, or is its presence imposed by the society and environment in which man resides? Role loss, retirement, ill health, and other forms of stress may encourage disengagement of the individual from society. Yet, research indicated that such social isolation may lead to demoralization of the individual as time passes. Like disengagement, morale has been found to be a function of personality, socio-economic status, role change, and social activities and relationships available to the individual.

In 1968, Robert Havinghurst interviewed 59 adults (ages 70 - 79) in a study of Kansas City adult life in which he assessed personality, role activity, and life satisfaction. He found only one group which consisted of three individuals

which had exhibited successful adjustment to disengagement. These three individuals had low activity levels, had decreased their role commitments as they had grown older, but maintained a high life satisfaction and a strong self regard (Havinghurst 1970, pp. 4-7). Havinghurst's conclusion was that individual personality determined the level of activity and morale. Carp analyzed the same study and suggested, however, that the successful nature of their retirement style may have been due to the unusually supportive and favorable environments in which this particular group lived (Carp 1972, p. 186).

Although Cummings' sample in Kansas City showed relatively good morale throughout disengagement, perhaps this white, middle-class sampling is not typical of the entire population. Williams pointed out that a "relatively high level of morale among. . . high status groups is maintained regardless of social isolation" (Williams 1960, p. 282). The individual from lower socio-economic levels generally exhibits lower morale than the individual from higher strata of society. It is important to note that as disengagement increased in Levine's sample, demoralization also increased.

A 1956 study by Kutner, Fanshell, Togo, and Langner tended to further undermine the credibility of the disengagement theory. A total of 500 residents of Kipps Bay--Yorkville, New York, participated in a survey. The sample

constituted 1 percent of those over 60 years old in the community. Thirty percent of the sample fell into the middle income level, 60 percent into the lower level. Economic data on the remaining 10 percent were not available. Evidence showed that disengagement was not chosen. Moreover, isolation was attributed to very real losses: widowhood, retirement, death of peers, and often moving from centipetal residences to centers of business. The lower the socio-economic position, the more likely such isolation was forced upon the individual

Kutner examined morale in his sample population in an attempt to determine the relationship between the respondent's self-concept and his adjustment to life. His findings indicated that self-image and morale were closely associated. Elderly persons of high socio-economic status were generally more positive in self-concept and had higher morale than those people of lower status. Unemployed and retired people showed both poor self-image and low morale (Kutner 1956, p. 100).

Kutner examined the relationship between morale and activity. Two-thirds of the sample group which had a low level of activity also had low morale (Kutner 1956, p. 107). However, Kutner stated, "It is important to keep in mind that it may not be the level of one's activity that increases morale, but that people whose adjustment is good

tend to be more active, and those who are not well-adjusted are less inclined to be active" (Kutner 1956, p. 108).

Carp has found retirement to be one of the most significant losses with which man must cope. The individual must abandon one of his major roles, and the subsequent adjustment brings lowered morale and self-esteem.

Whereas it formerly indicated that a man had mastered the economic institution sufficiently to provide for his needs without working, it has become a symbol of involuntary divorcement from the world of work--and enforced unemployment from which there is no relief (Carp 1972, p. 228).

The fact that industrial societies become increasingly more interested in production and efficiency adds further to this immutable force called retirement. But, what if retirement were not forced upon man? What would he choose to do at this stage of his life? Roman and Taiets undertook a study in 1967 of an occupational role in which continued engagement is allowed--the role of the emeritus professor. In such a situation, psychological disengagement was evaluated independently of social disengagement. Society sanctions continuation of a professor's role even after the age of retirement. Roman and Taiets (1967, pp. 147-152) learned that a significant proportion of the sample group did remain engaged and showed a higher degree of engagement than those who were required to adopt new roles. They found

that 71 percent were still engaged, and 24 percent of the 29 percent who were disengaged became so because of poor health.

In general, aging women display lower morale than aging males. It is only during the years immediately after retirement, ages 65 - 74, that morale for males drops sharply. In all age groups, working men have higher morale than non-working men (Tallmer and Kutner 1970, pp. 317-320).

In 1967 Bultena studied 284 retired males in three Wisconsin communities. He asked subjects to contrast their present situation from that immediately before retirement. His findings correlate decreased socio-economic status, poor health, and decreased involvement with organized activity and low morale. In addition, ". . . the more decremental the change between the pre-retirement period and the current situation, the greater the probability of the individual's having low morale (Bultena 1969, p. 252). Those of low socio-economic status showed three times more dissatisfaction with lack of organized activity than those of higher socio-economic status when health remained equal (Bultena, 1969, pp. 251-253).

Kleemeier stated that "Action ranks high in the American value system. Passive participation is little appreciated. People who are not active are made to feel useless, indeed, even worthless" (Kleemeier 1961, p. 350). There is

strong pressure to remain active. In 1968, Lipman and Smith surveyed 381 individuals of mixed race, sex, and socioeconomic status. Their findings showed that high morale was a characteristic of engaged individuals (Lipman and Smith 1968, p. 512). Lowenthal and Boler, in a longitudinal study of 250 individuals, formed the hypothesis that morale decreased if activity was externally limited by poor health or widowhood (Lowenthal and Boler 1965, pp. 363-371). Roscow supported this observation by saying "the loss of function which unstructures peoples' lives and relationships is extremely demoralizing. Lowest morale is found not in those with fewest contacts, but those with noticeable decrease in contacts from previous life style" (Roscow 1967, p. 107). After sampling 1800 individuals, he found that 70 percent of those with loss of three or four roles had low morale versus 28 percent with no role loss (Roscow 1967, p. 107).

Simpson has linked high morale in the elderly with family characteristics. She studied 138 couples in the Piedmont area of North Carolina and Virginia. Couples were white and of a wide economic distribution. Her results showed that the closer the bond within the nuclear family, the higher the individual's morale. Households where husbands participated in housework and where couples expected and received little support from children showed higher morale in both husband and wife (Simpson 1966, pp. 191-192).

Clement and Sauer have linked retirement, morale, and race. In 1969, they conducted a study of 721 black and 211 white elderly individuals in Philadelphia. Their hypothesis, that aged blacks have lower morale than aged whites, was rejected. The investigation suggested that blacks are happy to have made it through the worst of times and that old age is a reward. Seventy-six percent of the black sample showed high morale (Clement and Sauer 1974, pp. 342-344).

Simpson, however, stated that morale among retired individuals appears to be related to the level or loss of involvement with society (Simpson 1966, p. 71). She stressed two points from public surveys of 465 retired and pre-retirement individuals. First, the relationship of aging on morale stems from the earlier style and life orientation of the person. Secondly,

. . . morale cannot be understood as a unidimensional trait of a person. . . . there are several types of high and low morale. From the point of view of the majority of younger people, successful aging includes participation within society as far as possible. This kind of aging may be good for some people, but aging may be just as successful if it includes adaptation to a different level of activity in concordance with a smaller life space. If all cognitive and motivational procedures of a person are adjusted to a different, lower level, a person may also be satisfied and find little difficulty aging (Simpson 1966, p. 304).

Kutner also agreed that

. . . not any activity, but only activities that provide status, achievement, and recognition can lift morale, and that those that are not basically satisfying needs do not contribute much to the individual's adjustment (Kutner 1956, p. 104).

Maddox supported the beneficial relationship between activity and morale in a longitudinal study of 148 subjects in North Carolina. Individuals were interviewed three years after retirement, and again seven years after retirement. Four out of five individuals maintained some activity pattern over the seven-year period. Maddox reported that those individuals with a long pattern of increased activity and high morale, in contrast to those maintaining low activity and low morale, were likely to be somewhat younger, in better health, higher on the socio-economic scale, and higher in average intelligence (Maddox 1966, pp. 309-311).

Summary

The study of the psycho-social components of the aging process has importance for the professional nurse. Her role is significant in assisting man in his adaptation to the eighth and final stage of ego development as outlined by Erickson, the maintenance of ego integrity. The loss of the work role at retirement presents a problem for many older people. Many become isolated although family and peers live in close proximity. There is widespread belief that social

interaction has a therapeutic effect on the individual, raising his level of morale and decreasing his physical and mental deterioration. Consequently, the following was hypothesized: There is no significant statistical difference between the level of morale and the level of engagement in elderly individuals.

A review of literature outlined three current theories on the aging process: the activity theory, the continuum theory, and the disengagement theory. The disengagement theory (Cummings and Henry 1961) was reviewed in depth since it is the most controversial of the three theories. The disengagement theory postulates that man decreases his commitments to society as he perceives his life-space shrinking. He begins to prepare for death. Such a decrease in responsibilities held by the elderly is, in turn, welcomed by society; younger individuals are integrated to maintain societal function. Both Cummings and Henry (1961) found that disengagement was chosen by the elderly individual with little effect on his morale. Tissue's study (1968) pointed to specific personality dimensions which increased disengagement potential in later years.

Tallmer and Kutner (1969), Lopata (1971), and Simpson (1966) disagreed with the disengagement theory. Their investigations showed that withdrawal from society is not always satisfying to the individual, not universal in

application, and not irreversible once begun. The researchers found that isolation in the elderly was more likely attributable to lack of a work role, widowhood, or the stress of poor health.

Regardless of the cause of the separation of the elderly individual from society, studies have shown that its effect may be demoralizing to man. Havinghurst (1970, Levine (1969), Kutner (1956), Carp (1972, Roman and Taiets (1967), Bultena (1967), and Maddox (1966) support the relationship between high activity and high morale in the elderly.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

Studies such as that of Roman and Taiets, Lowenthal and Boler, and Kutner support the correlation of increased engagement and increased morale. Other researchers such as Cummings and Henry, and Simpson take the opposite stand. They have indicated that disengagement is mutually satisfying to the individual and to society. In an attempt to examine the disengagement theory further and to examine the correlation of morale and social engagement, permission from the Texas Woman's University Human Rights Committee was obtained and the investigator conducted the following study.

Setting of the Population

Research was carried out in a city of 95,000 inhabitants in the Southcentral United States. This city was the largest within the county borders, and a center of agriculture, manufacturing, and education. The median annual income for the residents of this community was \$7,900 (Data obtained from 1970 census of the population.).

Population

The population from which the sample was taken was of mixed ethnic origin and included Anglo-American, Negro, Hispanic, and Czech groups. Twelve percent of the population was over sixty-five (65) years of age. (Data from the 1970 census of the population.) This population characteristic has contributed to increased need for services for the elderly within the community and the county. Many retired citizens living in the area subsisted on Social Security benefits alone.

Sample Population

Inclusion of subjects in this study was based on the following criteria: (1) willingness to participate in the study, (2) chronological age of sixty (60) years and older, and (3) capacity to function independently outside the home setting. A total of sixty (60) subjects of mixed ethnic origin were chosen on the basis of convenience. The people studied ranged in age from 60 to 88 years, with a median age of 73 years. Subjects for the study were referred by a local home-health aid program, senior luncheon and activity program, and by friends of senior citizens within the community. Participants were drawn from all sections of the city limits.

Tool

A questionnaire, previously developed for the Elmira Study of Aging, was modified by the researcher in order to omit data not necessary to the study. This tool was utilized to collect data from the sample group (Appendix 3 and 4). The questionnaire included demographic data and items from the Kutner Morale, Isolation, and Activity Scales (Appendices 5, 6, and 7). The Kutner Scales have been used in studies of low income aged groups of mixed ethnic origin by Kutner and validated by Levine and again by Simpson.

The Kutner Morale Scale was modeled from the Guttman Scale for attitude measurement. Seven responses are used to indicate a bearing of central attitude, rather than placing reliance on a single attitude item. The morale scale is scored from zero to seven. Subjects who scored from zero to two on the morale scale were classified in the low morale group. Those who scored from three to four were classified in the medium morale group. Scores from five to seven were placed in the high morale group. The morale scale has been found reliable at 94 percent.

The Kutner Isolation Scale is scored from zero to five. Participants who scored from zero to two on the isolation scale were classified in the disengaged group. Those who scored from three to five were classified as engaged.

The Kutner Activity Scale is scored from zero to sixteen. This scale placed subjects who scored from zero to two in the limited activity group; those who scored from three to sixteen were placed in the broad activity group. Raw scores on this scale were utilized in data analysis.

Data Collection

1. The tool was administered in the home setting by scheduled appointment
2. Signed consent was obtained from each subject
3. Responses were given verbally by the participant and recorded in interview by the researcher
4. The interviews followed a prescribed sequence of questions and each required approximately one hour to complete

Treatment of the Data

1. Responses to the Kutner Isolation Scale were scored. Twenty individuals who scored from zero to two were placed in the disengaged group. Thirty-one individuals who scored from three to five were placed in the engaged group.

2. Engagement and morale were correlated by means of the Pearson product coefficient of correlation, partial coefficient of correlation, and the student t-test.

Summary

A sample population of sixty (60) elderly individuals was drawn from a large southern city. Subjects in the sample were interviewed in the home setting, and asked to respond to three scales--the Kutner Isolation Scale, the Kutner Activity Scale, and the Kutner Morale Scale. Two groups were identified through their response to the Kutner Isolation Scale: an engaged group and a disengaged group. This formed the basis for further comparison of morale, isolation, and activity.

In Chapter IV the data obtained from the engaged group and the disengaged groups are analyzed by means of the correlation coefficient and the student t-test.

CHAPTER IV

ANALYSIS OF DATA

The purposes of this study were to: (1) determine the level of morale, isolation, and activity in engaged individuals; (2) determine the level of morale, isolation, and activity in disengaged individuals; and (3) compare the level of morale, isolation, and activity in the engaged and disengaged groups. This chapter examines the data which were gathered to accomplish these purposes.

The instrument was administered by scheduled interview in the home setting to sixty (60) individuals age sixty and above. Participants in the sample were chosen on the basis of convenience, and although not known to the investigator, were receptive to a visit from a nurse researcher. Many individuals prolonged the interview by voluntarily contributing additional information about themselves not useful in this study. Individuals included in the study were interviewed privately. In three homes other family members were present at the time of the interview; these responses were

deleted from the study in order to increase the validity of the data.

The sample consisted of fifty-one individuals ranging from sixty years to eighty-nine years of age. The mean age of the sample was seventy-three years. The greatest percentage (35.3 percent) of the respondents were age seventy to seventy-four; 17.6 percent of the subjects were age sixty-five to sixty-nine, and 17.6 percent were age seventy-five to seventy-nine (Table I).

TABLE I
RESPONDENTS' AGE

Age	No.	Percent
60-64	5	9.8
65-69	9	17.6
70-74	18	35.3
75-79	9	17.6
80-84	6	11.8
85-89	4	7.9
Total	51	100.0

Four-fifths of the respondents were female. One-fifth of the respondents was male (Table II).

TABLE II

RESPONDENTS' SEX

Sex	No.	Percent
Male	10	19.6
Female	41	80.4
Total	51	100.0

Two-thirds of the respondents were Caucasian. One-third of the respondents was Negro (Table III). The average income for the subjects was \$220 per month.

TABLE III

RESPONDENTS' RACE

Race	No.	Percent
Caucasian	35	68.6
Negro	16	31.4
Total	51	100.0

The tool used in the study was modified from the Elmira Study of Aging. The investigator deleted items from the Elmira questionnaire which were not useful for the research.

Demographic data and the Kutner Scales of Isolation, Morale, and Activity were included within the tool. Scores obtained on the Kutner Isolation Scale assigned respondents to engaged and disengaged groups. The Kutner Isolation Scale was scored from zero to five. Scores from zero to two on this scale indicated high isolation. Respondents' scores ranged from zero to five. Twenty respondents with scores of zero to two were assigned to the disengaged group; thirty-one individuals scored from three to five and were assigned to the engaged group.

The Kutner Morale Scale was scored from zero to seven. Scores of the respondents ranged from zero to seven with a mean of 3.31. Nineteen respondents who scored from zero to two on the morale scale were classified in the low morale group. Seventeen subjects who scored from three to four were classified in the medium morale group. Fifteen subjects scored from five to seven and were classified in the high morale group. Twelve subjects in the disengaged group exhibited low morale, while eight subjects in the engaged group exhibited low morale. Seven subjects in the disengaged group scored in the medium morale range while ten subjects in the engaged groups scored in the medium morale range. One disengaged subject scored in the high morale range, while thirteen engaged subjects scored in the high morale range (Table IV).

TABLE IV

SCORES OF RESPONDENTS ON KUTNER MORALE SCALE

	Low Morale	Medium Morale	High Morale	Total
Disengaged	12	7	1	20
Engaged	8	10	13	31

The Kutner Activity Scale was scored from zero to sixteen. Respondents scored from two to fifteen with a mean of 5.22. Six respondents who scored below two were placed in the low activity group; forty-five respondents who scored above two were placed in the high activity group. Four subjects in the disengaged group exhibited low activity; two subjects in the engaged group exhibited low activity (Table V).

TABLE V

SCORES OF RESPONDENTS ON KUTNER ACTIVITY SCALE

	Low Activity	High Activity	Total
Disengaged	4	16	20
Engaged	2	29	31

Raw scores obtained from all subjects on the Kutner Scales of Isolation, Activity, and Morale were used in statistical analysis. Differences between the engaged and disengaged groups appear in Table VI.

TABLE VI
SCORES OF KUTNER SCALES OF ISOLATION,
MORALE AND ACTIVITY

	Sample	Engaged	Disengaged
ISOLATION			
Range	0-5	3-5	0-2
\bar{x}	2.88	3.55	1.85
s'	1.00	0.96	1.13
MORALE			
Range	0-7	1-7	0-5
\bar{x}	3.31	4.16	2.15
s'	2.10	2.15	2.04
AACTIVITY			
Range	2-15	2-15	2-9
\bar{x}	5.22	5.65	4.55
s'	2.73	2.90	2.17
TOTAL CASES	51	20	31

The Pearson-Product coefficient of correlation was used to examine the relationship between morale and isolation in the sample population. The value of r (.2950) was found to be significant at the 0.05 level. A positive correlation was found between morale and engagement. A positive correlation was also found between engagement and activity ($r=.3044$).

The partial coefficient of correlation was used to re-examine the effect of engagement on morale further. This computation ($r_{xy \cdot z} = +.310$) served to strengthen the relationship of the positive correlation between engagement and morale. Tables have not yet been identified to evaluate levels of significance for the partial coefficient of correlation. Correlation does not imply causation, yet, this test does identify two variables which seem to affect engagement in the elderly individuals sampled in this study, i.e., morale and activity.

A two-tailed student t-test was used to examine the relationship between morale in the engaged and disengaged groups. In order to reduce the probability of a Type II error, a level of significance at 0.05 was assigned. No significant difference in morale would be established between the two groups ($t_{cv} = 1.811$, $t_t = 2.107$). The null hypothesis was not rejected. No significant difference was found between the level of engagement and the level of morale in the elderly individuals.

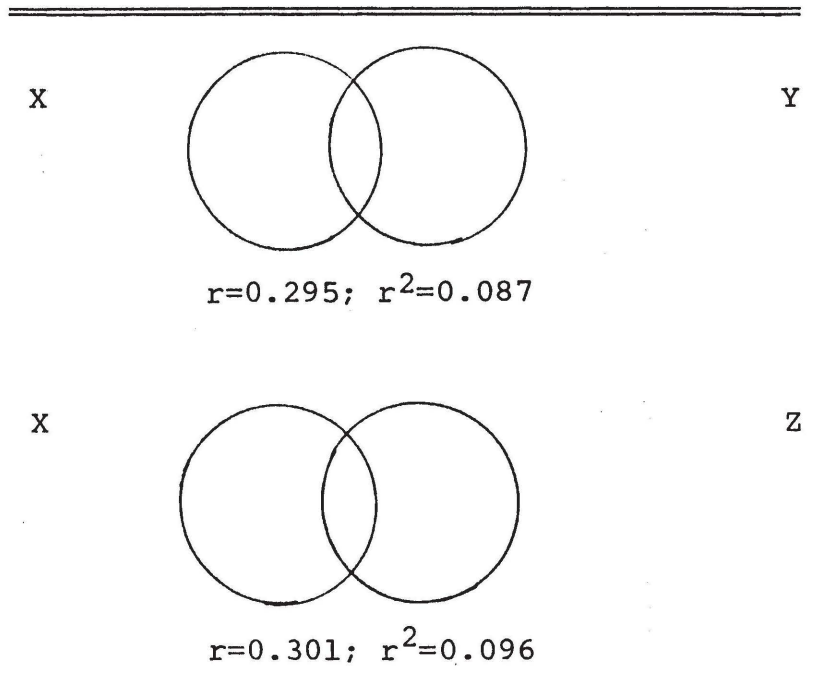
A secondary analysis was done to determine the level of morale, activity, and isolation in the elderly by race. Using the two-tailed Student t-test, a significant difference in morale was found between Negro and Caucasian individuals ($t_{cv} = 2.087$, $t_t = 2.010$, $P < 0.05$). Negro subjects exhibited lower morale than Caucasian subjects. There was no significant difference in the level of activity or isolation in the two groups. The researcher did note during many interviews with Negro subjects, an expression of reliance to God to provide in days ahead. None of the sixteen Negro subjects "made plans for the future." "Making future plans" is an item on the Kutner Morale Scale which may not have been chosen by these subjects for religious beliefs and not necessarily from poor outlook on life. Lowered scores on the Morale Scale may not, then be valid in this respect for this subculture. This study does not support the research of Clement and Sauer (1969).

In conclusion, this study supported the null hypothesis: There is no significant difference between the level of engagement and the level of morale in elderly individuals. The study established a positive correlation between morale and engagement (0.295) and activity and engagement (0.301) in the sample population. Engaged subjects scored higher on the morale and activity scales than those who were disengaged. It may be that as activity increases, engagement increases; as

engagement increases, morale increases. However, it is also possible to state the opposite conclusion: as engagement increases, activity increases; as morale increases, engagement increases. Using the coefficient of determination for activity and for morale ($r^2 = 9.2$ percent, $r^2 = 8.7$ percent) it was possible to illustrate the relationship between these variables and engagement even further.

TABLE V

COMMON FACTOR VARIANCE



X= Engagement
 Y= Morale
 Z= Activity

Data indicated a secondary conclusion. The difference in the level of morale in the elderly Negro and Caucasian subjects was found to be significant at the 0.05 level. Morale in Negro respondents was lower than Caucasian subjects.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Scientific technology of the future has promised a longer life span to man with a greater proportion of his life occurring after the age of sixty-five. Assisting man in his adaptation to social forces in his later years is within the realm of responsibility for the professional nurse. The need for increased knowledge of man's coping mechanisms in old age prompted the study.

Summary

The following problem was advanced for research in this study: "Is there a correlation between engagement and morale in the elderly individual?" The purposes of the study were to: (1) determine the level of morale, isolation, and activity in engaged individuals; (2) determine the level of morale, isolation, and activity in disengaged individuals; (3) compare the level of morale, isolation, and activity in the engaged and disengaged groups; and (4) add to the nursing profession's knowledge of man's coping mechanisms in later years.

The study of the psycho-social components of the aging process has importance for the professional nurse. Her role is significant in assisting man in his adaptation to the eighth and final stage of ego development as outlined by Erickson--the maintenance of ego integrity. The loss of the work role at retirement presents a problem for many older people. Many become isolated although family and peers live in close proximity. There is widespread belief that social interaction has a therapeutic effect on the individual, raising his level of morale and decreasing his physical and mental deterioration. Consequently, the following was hypothesized: There is no significant statistical difference between the level of morale and the level of engagement in elderly individuals.

A review of literature outlined three current theories on the aging process: the activity theory, the continuum theory, and the disengagement theory. The disengagement theory (Cummings and Henry 1961) was reviewed in depth since it is the most controversial of the three theories. The disengagement theory postulates that man decreases his commitments to society as he perceives his life-space shrinking. He begins to prepare for death. Such a decrease in responsibilities held by the elderly is, in turn, welcomed by society; younger individuals are integrated to maintain societal function. Both Cummings and Henry (1961)

found that disengagement was chosen by the elderly individual with little effect on his morale. Tissue's study (1968) pointed to specific personality dimensions which increased disengagement potential in later years.

Tallmer and Kutner (1969), Lopata (1971), and Simpson (1966) disagreed with the disengagement theory. Their investigations showed that withdrawal from society is not always satisfying to the individual, not universal in application, and not irreversible once begun. The researchers found that isolation in the elderly was more likely attributable to lack of a work role, widowhood, or the stress of poor health.

Regardless of the cause of the separation of the elderly individual from society, studies have shown that its effect may be demoralizing to man. Havinghurst (1961), Levine (1969), Kutner (1956), Carp (1972), Roman and Taiets (1967), Bultena (1967), and Maddox (1966) support the relationship between high activity and high morale in the elderly.

The research herein presented was an ex post facto study. Fifty-one individuals (thirty-five Caucasians and sixteen Negroes) were interviewed in a small Southcentral urban community. A questionnaire was used to determine levels of morale, isolation, and activity within the sample; scores on the Kutner Scales of Isolation, Activity, and Morale provided data for statistical testing. Analysis by means of the

Pearson Product coefficient of correlation showed a significant statistical relationship between morale and engagement, and activity and engagement in the sample population ($P < 0.05$). A Partial Correlation analysis supported this relationship when activity was held constant. The Coefficient of Determination allowed the researcher to conclude that morale and engagement share 9 percent of the same variables and that activity and engagement share 9 percent of the same variables. As engagement increased, activity and morale increased.

Application of the Student t-test supported the null hypothesis. The investigator found no significant statistical difference between the level of engagement and the level of morale in elderly individuals ($P < 0.05$)

A secondary analysis was done to examine the difference between the level of morale in elderly individuals by race. At the 0.05 level of significance, a significant difference existed between the level of morale in older Negro and Caucasian individuals. Negro subjects exhibited lower morale than Caucasian subjects.

Conclusions

Based on the results of this study, the researcher concluded that there was:

1. No significant statistical difference between the level of engagement and the level of morale in elderly individuals
2. A positive relationship between morale and engagement in the elderly
3. A positive relationship between activity and engagement in the elderly
4. A significant statistical difference between morale in Negro and Caucasian elderly individuals

Implications

Nurses should be aware that many variables influence behavior patterns in the elderly. Morale and activity account for 9 percent of these variables. While 9 percent may be a small percentage, it can provide an important link in the chain of evidence leading to establishment of more significant statistical relationships.

This study indicates that nurses should support community activity programs for the elderly. In addition, nurses should intervene to assist older clients to remain active as long as possible. Morale in the elderly will

increase as activity increases.

The study also indicated as did Clement and Sauer (1969) that elderly individuals of Negro heritage may view old age differently from Caucasians. Nurses should be aware of this possibility as they individualize their care for the Negro group of senior citizens.

Recommendations

On the basis of this study the following recommendations are made. Researchers should continue to seek out variables which influence engagement in the elderly population. It is suggested that this study be validated with a larger sample population and a larger population of male subjects. Regression analysis may add to the analysis of the findings of future studies of morale and engagement of the elderly.

Elderly Negro persons should be studied in depth to determine other differences which may exist for them as an aging minority group in American society. It is suggested that the validity of the Kutner Morale Scale for use in elderly black samples be investigated further.

An omission on the Kutner Activity and Isolation Scales was noted from responses of elderly subjects. Use of the telephone to communicate with relatives and peers plays a significant part in daily activity. A more comprehensive

activity scale to include this item is suggested with samples in the future.

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APPENDIX 1

6

Population

No. 8. ESTIMATED AND PROJECTED POPULATION, BY AGE AND SEX, 1950 TO 2000, AND ZERO GROWTH PROJECTION, 1980 TO 2050

In thousands, except percent. As of July 1. Includes Armed Forces abroad. Projections are constant with the April 1, 1970 census. These projections were prepared using the "cohort-component" method. Series C, D, E, and F assume a slight improvement in mortality, an annual net immigration of 400,000 and completed cohort fertility rates (i.e., average number of births per 1,000 women upon completion of childbearing) that move toward the following levels: C-2.850; D-2.805; E-2.100; F-1.800. Series X assumes no net immigration and "replacement level" fertility beginning immediately (i.e., an annual total fertility rate of 2.100) and continuing indefinitely (i.e., a completed cohort fertility rate of 2.100). Replacement level fertility is the level at which the population would exactly replace itself in the absence of net immigration. See p. 1 for derivation of estimates and projections.

YEAR, SERIES, AND SEX	Total, all ages	Under 5 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years	65-74 years and over	Median age
TOTAL																
1950.....	152,271	18,410	12,875	11,213	10,675	11,630	12,862	11,674	11,847	10,796	17,453	13,756	8,473	2,904	30.2	
1960.....	140,671	20,337	15,812	12,623	11,465	11,124	10,939	11,979	12,642	11,690	20,673	16,227	11,063	4,624	29.4	
1970.....	204,879	17,167	15,468	20,800	19,401	17,192	12,687	11,570	11,174	11,957	22,287	18,681	12,452	7,638	28.0	
1972.....	208,637	17,202	15,707	20,804	19,401	16,219	13,043	12,306	11,125	11,648	23,691	19,104	12,845	8,104	28.1	
Percent of total:																
1950.....	100.0	10.8	8.5	7.4	7.0	7.7	8.1	7.7	7.6	6.6	11.6	8.6	5.6	2.6	(3)	
1960.....	100.0	11.3	10.4	9.4	7.4	6.2	6.1	6.6	6.9	6.6	11.4	8.6	6.1	3.1	(3)	
1970.....	100.0	8.4	9.7	10.2	9.4	8.4	6.7	6.6	6.6	6.8	11.4	9.1	6.1	3.8	(3)	
1972.....	100.0	8.3	9.0	10.0	9.6	8.7	7.2	6.9	6.3	6.6	11.3	9.1	6.2	3.9	(3)	
Projections:																
1980—C.....	230,953	23,446	18,847	17,497	20,221	21,067	19,844	17,415	13,522	11,546	22,406	21,083	14,690	9,371	28.7	
1980—D.....	228,676	21,715	18,361	17,497	20,221	21,067	19,844	17,415	13,522	11,546	22,406	21,083	14,690	9,371	28.0	
1980—E.....	224,127	15,666	16,937	17,497	20,221	21,067	19,844	17,415	13,522	11,546	22,406	21,083	14,690	9,371	29.6	
1980—F.....	221,845	16,527	16,373	17,497	20,221	21,067	19,844	17,415	13,522	11,546	22,406	21,083	14,690	9,371	29.8	
1990—C.....	266,235	27,142	26,893	23,745	19,194	17,423	20,601	21,290	19,615	17,287	24,617	20,337	16,769	10,993	29.5	
1990—D.....	265,892	24,368	24,336	22,021	18,650	17,423	20,601	21,290	19,615	17,287	24,617	20,337	16,769	10,993	30.4	
1990—E.....	246,639	26,431	20,704	15,835	17,363	17,423	20,601	21,290	19,615	17,287	24,617	20,337	16,769	10,993	31.6	
1990—F.....	239,084	17,762	18,201	17,164	16,719	17,423	20,601	21,290	19,615	17,287	24,617	20,337	16,769	10,993	32.7	
2000—C.....	300,406	28,458	26,870	27,410	27,209	24,035	12,810	15,110	20,680	21,102	33,730	22,608	16,201	12,551	29.1	
2000—D.....	283,993	24,645	23,853	24,070	24,724	22,377	15,972	15,110	20,680	21,102	33,730	22,608	16,201	12,551	31.1	
2000—E.....	264,433	19,162	19,694	20,849	21,044	19,216	17,699	15,110	20,680	21,102	33,730	22,608	16,201	12,551	34.0	
2000—F.....	250,686	15,802	16,614	18,083	18,556	17,499	17,662	15,110	20,680	21,102	33,730	22,608	16,201	12,551	35.8	
MALE																
1960.....	75,849	8,852	6,811	6,707	6,281	6,794	6,071	6,733	6,653	6,121	8,715	6,714	4,091	1,766	23.8	
1970.....	89,319	10,336	9,666	8,072	6,809	6,563	5,425	5,907	6,140	5,723	10,139	7,660	6,134	2,411	26.3	
1980.....	100,264	8,782	10,134	10,695	9,802	8,649	6,796	6,704	6,484	6,836	11,236	8,617	7,454	2,946	26.6	
1972.....	102,051	8,803	9,626	10,600	10,226	9,176	7,452	6,080	5,456	6,666	11,355	8,990	6,664	3,087	26.8	
Projections:																
1980—C.....	112,726	11,983	9,677	8,910	10,284	10,666	9,831	8,690	6,819	6,649	10,781	9,776	6,329	3,281	27.6	
1980—D.....	111,582	11,098	9,344	8,910	10,284	10,666	9,831	8,690	6,819	6,649	10,781	9,776	6,329	3,281	27.8	
1980—E.....	109,240	9,495	8,636	8,910	10,284	10,666	9,831	8,690	6,819	6,649	10,781	9,776	6,329	3,281	28.4	
1980—F.....	106,073	8,869	8,338	8,910	10,284	10,666	9,831	8,690	6,819	6,649	10,781	9,776	6,329	3,281	28.7	

From: U.S. Bureau of the Census, Statistical Abstract of the United States. (96th Edition.) Washington, D.C., 1976.

APPENDIX 2

CORRELATION OF CHRONOLOGICAL AGE, SOCIAL CHANGE,
AND SOCIAL INTERVENTION

50-60	65-75	75-85	85-death
Departure of children from home, career stabilization, nagging health problems	Retirement, income problems, widowhood, chronic health problems, death of friends	Further loss of health, friends, strength, threat to independence	Serious loss of health, critical income need, dependency

Role Reorientation _____

Social Intervention _____

Personal Intervention _____

Personal Maintenance _____

From: Manney, James D., M.D., Aging in American Society, An Examination of Concepts and Issues. Ann Arbor, Michigan: Institute of Gerontology, University of Michigan, 1975.

APPENDIX 3

ORAL DESCRIPTION OF STUDY

"My name is Nancy Connaway. I am a nurse in our community, and I am doing a study to help meet requirements for a master's degree in nursing. My study is about the older adults in Waco. I am interested in the activities that older people enjoy. Although my study may not benefit you directly, it may prove helpful in planning new programs for our community. Your participation would be very helpful but is entirely voluntary. If you agree to help me in my study, I will ask you a few questions about your social activities. Any information that you give me will be anonymous. Your name will not appear on any report that is written."

APPENDIX 4

TOOL

1. What is your age? Sex_____ Race _____
2. Would you tell me who is living in the household with you?
3. Considering all sources, about how much would you say your total income comes to?
4. I have some questions here about the sort of things you do for social life and relaxation now. Which of the following activities do you do fairly regularly-- several times per month?
 - Reading
 - Listening to the radio or TV
 - Work on hobbies
 - Just sit and think about things
 - Write letters
 - Go to the park
 - Spend time at the library
 - Go to the movies
 - Take walks or rides
 - Visit with friends
 - Attend classes at school/center
 - Engage in religious activities, such as church work
 - Play cards
 - Go shopping
 - Go to a bar for a couple of drinks
 - Sew, knit, crochet
 - Belong to a voluntary organization or labor union

5. How many living children do you have?

How often do you see them?

- _____ At least once a week
- _____ Every two to three weeks
- _____ About once a month
- _____ Less frequently

APPENDIX 4 (continued)

6. About how many close relatives do you have who live here in Waco? _____ How often do you see them?
- _____ At least once a week
_____ Every two to three weeks
_____ About once a month
_____ Less frequently
7. Now, about your friends--would you say that most of your close friends are living, only some of them, or almost none?
8. Do you have any friends here in Waco - people that you see from time to time in a friendly way?
9. Have you made any new friends here in Waco in recent years?

Now I have some questions about the way you feel about life in general now that you are older.

10. On the whole, how satisfied would you say you are with your way of life today? Would you say that you are--very satisfied, fairly satisfied, or not very satisfied?
11. As you get older, would you say that things seem to be better or worse than you thought they would be?
- _____ Better
_____ Worse
_____ Same
12. In general, how well would you say you've lived up to what you expected of yourself--very well, fairly well, or not so well?
13. How much do you plan ahead the things you will be doing next week or the week after--would you say that you make many plans, a few plans, or almost none?

APPENDIX 4 (continued)

14. All in all, how much unhappiness would you say you find in life today?--almost none, some but not very much, a good deal?
15. How much do you regret the chances you missed during your life to do a better job of living--not at all, somewhat, or a good deal?
16. How often do you feel that there's no point in living--often, sometimes, or hardly ever?
17. Would you agree or disagree with this statement:
Things just keep getting worse and worse for me as I get older?

APPENDIX 5

KUTNER MORALE SCALE

Scale Adopted from the Elmira Study of Aging
 Department of Anthropology and Sociology
 Cornell University

Statements/Questions for Response

1. How often do you feel there's just no point in living?

Often	Sometimes	Hardly ever
-------	-----------	-------------

2. Things just keep getting worse and worse for me as I get older.

Disagree	Agree
----------	-------

3. How much do you regret the chances you missed during your life to do a better job of living?

Not at all	Some, but not very much	A good deal
------------	-------------------------------	-------------

4. All in all, how much unhappiness would you say you find in life today?

Almost none	Some, but not very much	A good deal
-------------	-------------------------------	-------------

5. On the whole, how satisfied would you say you are with your way of life today?

Very Satisfied	Fairly Satisfied	Not very Satisfied
-------------------	---------------------	-----------------------

6. How much do you plan ahead the things you will be doing next week or the week after? Would you say you make

Many plans	A few plans	Almost no plans
------------	-------------	-----------------

7. As you get older, would you say things seem to be

Better or Worse than you thought they would be?

KUTNER MORALE SCALE (continued)Scale

<u>Morale</u>	<u>Score</u>
Low	0-2
Medium	3-4
High	5-6

SCORE ONE POINT FOR THE FOLLOWING ANSWERS:

1. Hardly ever
2. Disagree
3. Not at all
4. Almost none
5. Very satisfied
6. Many or a few
7. Better

From: Kutner, Bernard, David Fanshell, et al. 1956. Five
Hundred Over Sixty. New York: Russell Sage Founda-
tion.

65
APPENDIX 6

KUTNER INDEX OF ISOLATION

SCORE ONE POINT FOR THE FOLLOWING ITEMS:

- See my children at least once a month
- See other relatives at least once a month
- Have very close friends living
- Have personal friends
- Have made new friends

Limited range of interpersonal relationships: 1 - 2

Broad range of interpersonal relationships: 3 - 5

From: . Kutner, Bernard, David Fanshell, et al. 1956.
Five Hundred Over Sixty. New York: Russell
Sage Foundation

APPENDIX 7

KUTNER ACTIVITY SCALE

SCORE ONE POINT FOR POSITIVE ANSWERS TO:

Reading

Listening to radio/TV

Work on hobbies

Just sit and think about things

Write letters

Go to park

Spend time at library

Go to movies

Take rides or walks

Visit with friends

Attend classes at school/center

Engage in religious activities,
such as church work

Play cards

Go shopping

Go to a bar for a couple of drinks

Sew, knit, crochet

Low 0-2

High 3-16

Score 1 point for each voluntary organization
the individual belongs to

From: Kutner, Bernard, David Fanshell, et al. 1956.
Five Hundred Over Sixty. New York: Russell
Sage Foundation.